EMERGENCY INFORMATION FOR CHILD

Parent: Please attach recent photo of child.
For additional copies of this form, visit Diono.com

ATTN: EMT or Attending Caregiver

This information is intended only to provide additional specifics about the child. This information should NOT dictate or influence procedures for any required medical attention.

Child Passenger Information:

Name: _____ Male / Female

Date of birth: _____ Eye color: _____ Hair color: _____

Known medical allergies: *(i.e., penicillin, latex, etc.)* _____

Known medical conditions: *(i.e., asthma, etc.)* _____

Known medications: _____

Known food allergies: *(i.e., peanuts, strawberries, etc.)* _____

Additional information: _____

_____

_____

Emergency Contact Information:

Name: _____ Tel 1: _____ Tel 2: _____

Name: _____ Tel 1: _____ Tel 2: _____

Pediatrician: _____ Tel: _____